

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 04/29/2014

Street: 4143 S Pinewood Drive

Incident #: 14ISPC003568

Apt, Lot, Room #:

County: Delaware

City: Muncie

Type of Laboratory Seizure (check one)

- ☒ Lab Seizure
☐ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☐ Vehicle ☐ Business
☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): Kitchen
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Hydrochloric Acid Gas Generator(s): Kitchen
☒ Flammable Solvents: Kitchen
☒ Water Reactive Metal (Lithium): Kitchen
☒ Anhydrous Ammonia: Kitchen
☒ Corrosive Acid: Kitchen
☒ Corrosive Base: Kitchen
☒ Ammonium Nitrate/Sulfate: Kitchen
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☐ Yes _____ (number present)
☐ No
☒ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☒ disarray
☒ unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: _____
VIN: _____
Year: _____

Make: _____
Model: _____
Color: _____

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: Muncie Fax: Email
Health Department County: Delaware County Fax: Email
Department of Child Services Hotline: dcshtlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Nate Raney Phone 765-778-2121

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.